STD 262 (REV. 10/92)						nt on Rev	nd Privacy verse Side			1	Page	1	of	1	
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER DEPARTME N. A.									
Karen Quarles POSITION CB/ID NUMBER						DIVISION OR BUREAU W AS N 17					ngton DC Office				
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
CITY STATE ZIP						CITY STATI				STATE			ZIP		
				e		520									
			MEALS					TRANSPORTAT		rion					
MONTH/YEAR LOCATION									CARFARE,			BUSINESS	TOTAL		
Jan-10	r	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,		CAR USE	EXPENSE	EXPENS	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR D	
19-Jan		Washington, DC								8.00		0.00		8	
25-Jan		Washington, DC								11.00		0.00		11	
									200		***************************************	0.00		0.	
												0.00		0.	
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	SURT	OTALS	0 00	0.00	0.00	0.00	0.00	0.00	0.00	10.00		0.00		0.	
OLUMN		ACCTG. USE ONLY		0.00	0.00	0.00	0.00	0.00	0.00	19.00	0	0.00	0.00		
	CLAIM	TOTAL											\$19	00	
JRPOS		P, REMARKS AND	DETAILS	(Attach re	ceipts wh	nen require	ed)				NORMAL V	VORK HOU		.00	
		n meetings for the			0		,				TOTAL I	VOINTIOU	N3		
										F	PRIVATE \	EHICLE LIC	CENSE NU	MBER	
						-				ļ.	MILEAGE I	RATE CLAIN	MED.		
											0.445	UTIL OLITIN	nep		
											AGENO	Y ACCOU	NTING C	FFICE	
		at the above is a true stater										USE O	NLY		
		owned vehicle was used an								qual to or	PAID BY	REVOLVING FU	IND CHECK N	UMBER	
		ned, and that I have met th ty and seat belt usage.	e requiremen	its as prescrit	ed by SAM	Sections 075	0, 0751,0752.	. 0753 and 0	754		20	409	13	2	
	SIGNATURE	., von voage.]D	ATE	1	SIGNATURE O	L VEELUED V	DPROVING TI	RAVEL AND PA	AYMENT		ATE		
ť					1/31							1			
MATURE -	E TITLE SE	WITHOUT TOO COSOUR	Vocuses		1 3/	110	5 0				_	/	1-3/	-1	
VATURE	r IIILE OF A	AUTHORITY FOR SPECIAL E	APENSES									D	ATE /	1	
												1	1	1	